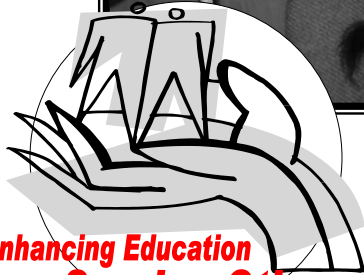


MEDiC Outreach Program

2011 - 2012



Enhancing Education
Serving Others

◆ **Please Read Before Clinic** ◆



Funded in part by the Associated Students of Madison. ASM does not necessarily endorse the beliefs or actions of this organization.

Outreach Program



MEDiC

MEDical Information Center

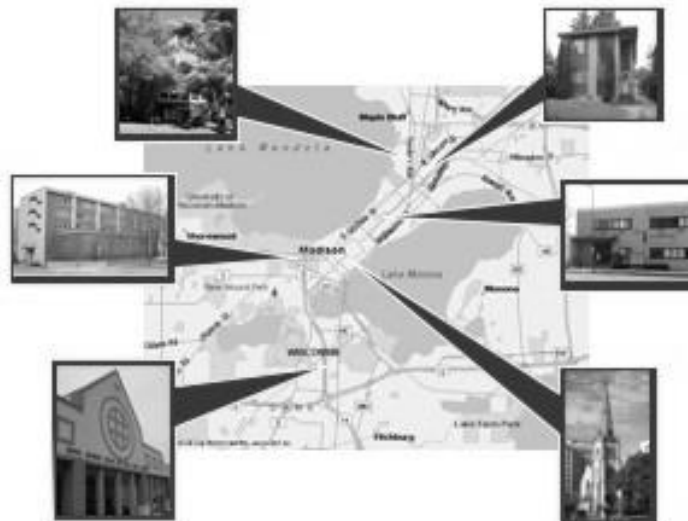
MEDiC exists to improve the health of the underserved and to educate UWSMPH students. Established in 1990, MEDiC is a medical student organization comprised of the MEDiC Council as well as the following clinics:

MEDiC Clinics

- ◆ Grace/Porchlight Drop-In Shelter Clinic
- ◆ Salvation Army Homeless Shelter Clinic
- ◆ Salvation Army Dental Clinic
- ◆ South Side MEDiC Clinic
- ◆ Safehaven Psychiatry Clinic
- ◆ Michele Tracy Preventative Medicine Clinic
- ◆ ARC House Clinic

Referral Clinics

- ◆ Dermatology Clinic
- ◆ Physical Therapy Clinic
- ◆ Eye Clinics (pediatric and adult)



◆ Acknowledgments ◆

We would like to thank the following people for assisting with the creation of this manual and for their continued support of MEDiC: Sharon Younkin, Dr. Cindy Haq, Dr. Alida Evans, Dr. Byron Crouse, Dr. Ted Goodfriend, Dr. Murray Katcher, Dr. Ron Diamond, Dr. Greg Sheehy, Dr. Don Carufel-Wert and the MEDiC student council members.

We would also like to acknowledge the generosity of the UWSMPH Department of Academic Affairs, the UW Foundation, the UW Department of Family Medicine, the UW Department of Pediatrics, the UW Department of International Medicine, UWSMPH Office of Rural and Community Health and St. Mary's Hospital for providing support for the MEDiC clinics. Additionally, the MEDiC free clinic system would be unable to operate without the very generous support of our donors.

Finally, we would like to thank the doctors and residents of UW Medical Foundation, Physician's Plus, Dean Medical Center, the BSP Clinic, Northeast Department of Family Medicine Clinic, Wingra Department of Family Medicine clinic, St. Mary's Hospitals and Group Health Cooperative for their ongoing volunteer efforts. It is only by keeping this in mind that we can ensure the long-term survival of the MEDiC Clinics.

◆ Table of Contents ◆

General Information

About MEDiC.....	1
MEDiC Volunteer Pre-Test	2
MEDiC Volunteer Pre-Test Answer Key	3
Scheduling & Absences	4
Infectious Disease Precautions	5
HIPAA information.....	6

About the Clinics

Grace/Porchlight Drop-In Shelter Clinic.....	9
Salvation Army Homeless Shelter Clinic	11
South Side MEDiC Clinic.....	13
Michele Tracy Preventative Medicine Clinic	16
Safehaven Psychiatric Clinic	17
ARC House Clinic	19

In the Clinics

Sample Patient Intake Form.....	21
Presenting a Patient	23
Guidelines for Writing Prescriptions.....	24
Referral Information	26
Physical Therapy Information.....	28
Reach Out and Read.....	29
Notes About Confidentiality.....	30
Noon Seminars	30
Cultural Awareness, Sensitivity and Humility	31
Universal Precautions	33
Critical Incident Contact Flowchart	34

Appendix

Health Care Programs & Social Services.....	35
Domestic Violence.....	38
Contact Information.....	back cover

◆ The Goals of MEDiC ◆

The MEDiC Outreach Program was established in 1990 by first and second year medical students at the University of Wisconsin in partnership with Dr. Ted Goodfriend, MEDiC's emeritus leader. Students work with volunteer faculty physicians and staff to accomplish two objectives:

1. To provide primary health care services and education to underserved individuals and families. *
2. To complement the education of health professions students by providing opportunities to participate in patient care and learn about the social and economic conditions influencing the health of the underserved.

The organization of the clinics is overseen by a council of MEDiC student leaders from various health professions schools, with the support of over two hundred student volunteers who staff the clinics each year.

* Please note that it is not within the scope of MEDiC to treat all patients that are presented to the MEDiC clinics, but to screen patients, refer them as needed, advise them and treat only those problems that we can.

◆ About This Manual ◆

For many of us, the MEDiC clinic experience is our first opportunity to venture into the real world of medicine and learn about helping people whose living or employment circumstances severely limit their access to health care.

This manual is meant as a primer to familiarize you with the unique aspects of each clinic. Some of the information (like where and when to show up) is important and some of it (the "how-to" stuff) we've included to help you feel better prepared for your experience. **We ask that you review this information and complete the pre-test on page 2 before arriving at clinic. This is not an academic exercise; this is designed to help ensure we are providing adequate and responsible patient care.**

Other things to keep in mind:

- ◆ You aren't expected to know much of anything before you volunteer.
- ◆ Most students feel some anxiety about the experience. It's normal!
- ◆ Your most important contributions are your enthusiastic attitude, willingness to learn, compassion, and sense of responsibility.
- ◆ You won't solve every problem, but you'll help.
- ◆ It's OK to have fun, too!

Most importantly, THANKS for your help! The clinics wouldn't exist without support from students. We hope you'll find your clinic experience an exciting opportunity for personal and professional growth. Caring for patients is a serious responsibility. If you choose to volunteer, you agree to fulfill these responsibilities in a professional manner.

◆ MEDiC Volunteer Pre-Test ◆

Please answer the following True or False questions. The answer key is on the reverse of this page and all points will be covered in the manual.

- T F 1. You do not need to know how to take a blood pressure prior to volunteering at a MEDiC Clinic.
- T F 2. If you're scheduled to volunteer, and it turns out you have an exam the day after your scheduled clinic date, you should call the clinic coordinator and ask to have your volunteering date moved to another time.
- T F 3. You should never wear a mask when interviewing a homeless patient. This can make the patient feel dirty or that you are not comfortable talking with him/her.
- T F 4. You must be familiar with HIPAA rules prior to your first MEDiC clinic visit.
- T F 5. If you have a follow up question about a patient you see, you should email the clinic coordinators by the following day. Your message should include the patient's name and presenting complaint, the name of the supervising physician, and your question/concern.
- T F 6. If you are volunteering at Grace clinic, you should arrive by 7:45 p.m.
- T F 7. To volunteer at the Southside MEDiC Clinic, you must be able to speak Spanish.
- T F 8. Most of the MEDiC Clinics see acute care patients only.
- T F 9. If you volunteer at ARC House, you must attend clinic every month for three months in a row.
- T F 10. You should wear your white coat when volunteering at a MEDiC Clinic
- T F 11. All prescriptions written at MEDiC Clinics are filled free of charge to the patient.
- T F 12. MEDiC is able to provide free eyeglasses to patients in need.
- T F 13. The Physical Therapy Clinic is offered the 2nd Saturday of every month at the Southside Clinic location.
- T F 14. You are required to have read the cultural sensitivity information in the MEDiC handbook before your first clinic visit.
- T F 15. Tears and saliva are two of the bodily fluids to which universal precautions apply.
- T F 16. BadgerCare, WIC, and Healthy Start are three programs providing free or low cost healthcare coverage for children and families.
- T F 17. Many SMPH students report that their volunteer experience at MEDiC Clinics was the highlight of their School of Medicine and Public Health experience.

◆ **MEDiC Volunteer Pre-Test ANSWER KEY** ◆

1. (True) MEDiC Clinics are an opportunity to learn and practice a variety of patient care skills.
2. (False) Exams are not an acceptable reason to re-schedule or cancel your clinic date. You will have your exam dates before you sign up for MEDiC, block off any dates that concern you. If you do need to get a sub, it is your responsibility to find someone to fill in for you and to let the clinic coordinator know who will be standing in for you. Not showing for your shift compromises patient care and is a violation of professionalism. See page 4 for details.
3. (False) You should ALWAYS wear a mask if a patient is coughing. The incidence of TB is rising, and this is your best protection. Explain your precaution to your patient, in almost all cases, they will understand.
4. (True) You are required to protect patient information. Please see your MEDiC manual.
5. (False) This is a direct violation of HIPAA.
6. (True) All clinics operate slightly differently. Be sure you know all the important information about the particular clinic at which you're volunteering. Volunteering at one clinic does not mean you know everything you need to know at another clinic.
7. (False) No, translators are available (see your manual for information about how to work with a translator) If you are fluent in Spanish, you may, however, be the assigned Spanish speaking student for that day. If you need to re-schedule, you would then need to find a replacement student also fluent in Spanish.
8. (True—for the most part) ARC House sees patients with chronic as well as acute issues, as does SafeHaven. Michele Tracy is a preventive health education clinic. Grace, Salvation, and Southside are acute care clinics.
9. (True) This is a monthly clinic for chronic illness, you must attend three months in a row to provide optimal care to the patients.
10. (False) Please dress professionally and take into account your environment.
11. (False) No. There are times when patients can pay for their Rx (they may have some \$\$ or MA), when they have to pay for a portion of it (if it's more than we can afford—approx \$50 per Rx, or if the Rx is for a drug that we don't pay for (Viagra). We do NOT write any prescriptions for narcotics.
12. (True) Patients seen at Dr. Walker's Thursday night clinic (monthly, date varies) will get a voucher for free eyeglasses. They take this to Lens-Crafters (these are provided by the Lion's Club).
13. (True). We also have a derm clinic the first Saturday of each month. Make sure you think about these opportunities when you interview patients. It is very important for patients with suspicious moles to be screened for melanoma.
14. (True) You should read the manual prior to volunteering for the first time. This information is very important and is provided to help you have a positive experience and provide optimal patient care.
15. (False) Only if these fluids are visibly bloody are they subject to universal precautions. See page 27 of your manual.
16. (True) We encourage all students to be familiar with local programs for the un- and under-insured. Please talk with your clinic coordinators for more information.
17. (True) We are very privileged to have this opportunity, and we hope that your experiences with MEDiC will be ones that will help you remember why you chose to pursue a career in medicine.

◆ Scheduling ◆

A mandatory Orientation Workshop is provided for first year medical students early in the school year. Students are asked to complete a volunteer interest form and will be scheduled according to their interests. Please think ahead when marking days you do not wish to work since you will be expected to attend clinic on the days you are assigned regardless of other conflicts such as exams, trips, etc. Attendance at this workshop is MANDATORY for volunteers. In addition to attending orientation, you must read this manual carefully. This is not an academic exercise about patient care.

After the scheduling is complete a calendar will be 1) e-mailed to the listserve, 2) posted on the MEDiC bulletin board (2nd floor, HSLC), and 3) posted on the website. Check this list **immediately** and mark the days you are scheduled on your calendar whenever possible. Your next reminder will come via e-mail from the clinic coordinator a day or two before your clinic date. Regardless, you are expected to know your assigned date. Often it is too late to exchange days with another student. You are responsible for your shift.

PLEASE NOTE: It is your responsibility to know your assigned clinic date! Requests for students to sign up will occur throughout the rest of the year. Forms will be left in your mailbox.

◆ Ground Rules for Absences ◆

Since MEDiC is a volunteer organization, prompt and reliable attendance is essential in order for the clinic to function. As future physicians, we must begin to accept responsibility for the care of our patients. Nowhere is this responsibility greater than at MEDiC clinics, where we may represent the only viable health care option for patients without insurance or other means of care. Further, MEDiC is a popular organization in terms of student participation, and often cannot accommodate every student wishing to volunteer at a clinic. Failure to attend would be a disservice to those students who wanted to volunteer but were not assigned due to lack of available positions. A student's absence means that fewer patients are seen and persons in need of our services are turned away. Professionalism begins now, as a medical student. Studies show that unprofessional behavior as a student predicts unprofessional behavior as a physician. For this, and many other reasons, professionalism in medical school is a serious issue. For these reasons we have adopted a tough policy on attendance.

If an emergency arises (funeral, family crisis, etc.) and you cannot work at a clinic on your assigned date, you must find an alternate and notify the clinic coordinator of the switch. Please do not call the clinic coordinators and ask them to find someone for you until you have tried every other means at your disposal (mass email, telephone, calling in favors owed, etc.). If you are unable to find someone to take your place, PLEASE call the coordinator at least one day in advance and let him/her know you've made every attempt to find a replacement, but were unsuccessful.

If you fail to find a substitute or notify the clinic coordinator ahead of time you run the risk of losing your volunteer privileges at all MEDiC clinics for a period of time to be decided by the MEDiC council on a case-by-case basis. A letter will be sent notifying you of the situation and a copy of that letter will be placed in a MEDiC file for up to one year. Because this is a serious issue related to professionalism, this letter may be reviewed by the Dean of Students and taken into consideration in future evaluations of your professionalism as a medical student.

◆ Precautions Against Infectious Disease ◆

As in all clinic settings, there is a risk of exposure to infectious diseases. Although the risk to students working in the MEDiC clinics is generally low, students should be aware of the higher prevalence of some diseases in populations served by the clinics and consult with the attending physician regarding appropriate precautionary measures. Attendance at the UW School of Medicine and Public Health lecture on universal precautions is required for all student volunteers at the clinics. All students should have had a baseline PPD test upon entry to the School of Medicine and Public Health and follow-up annual PPD skin tests. **Students are reminded to observe universal precautions at all times and to wash their hands prior to and following each patient contact.**

HIV, Hepatitis HIV and Hepatitis may be more prevalent among homeless and other disadvantaged populations. Refer to the appendix of this manual for a summary of guidelines for the prevention of blood borne illnesses. Hepatitis B immunization is strongly recommended, and will likely be required for your future clinical work.

Tuberculosis The incidence of tuberculosis is increasingly common in the homeless population and in immigrant populations. TB can be contracted through respiratory droplets coughed by a patient with active disease. Students should alert the attending physician to patients presenting with symptoms including cough, weight loss, bloody sputum, fever or night sweats or known exposure to others with TB. Protective face masks for use by providers are available at all clinics and should ALWAYS be used when actively coughing patients are present. Clinics will be contacted by the Public Health Department if a patient to whom staff were exposed is diagnosed with active TB. The medical director or coordinator will then contact any students at risk. Students will be re-tested three months after exposure through the UW Student Health Service. We have had TB exposures over the past few years. Always err on the side of caution.

Pertussis (“whooping cough”) Pertussis is also increasingly common, largely because of low immunization rates. Early symptoms are similar to many other viruses, and include cough and pink eye. Vigorous coughing that results in vomiting is suggestive of pertussis, and later symptoms may include a whoop-like sounding cough. If you have been exposed to pertussis, a culture and two week course of oral Erythromycin may be recommended. Again, consult the attending physician immediately if you suspect a patient has pertussis. This illness is highly contagious. Protective face masks for use by providers are available at all clinics and should ALWAYS be used when actively coughing patients are present.

Chicken Pox If students have not had chicken pox, care should be taken to avoid contact with patients who have the disease. Symptoms include common viral symptoms and a typical rash.

Please see page 34 for MEDiC’s policy for handling dangerous exposures.

◆ University of Wisconsin HIPAA Privacy Rule Training ◆

All UWSMPH students will be HIPAA certified in their first semester of medical education. If you volunteer at a MEDiC clinic before getting your HIPAA certification, you must read and follow these instructions from the UW website regarding HIPAA requirements:

<http://www.provost.wisc.edu/hipaa/trainingstudents.html>

University of Wisconsin-Madison HIPAA Privacy Rule Training For Students

Introduction

As a student in a clinical training program of the University of Wisconsin-Madison, you are required to learn about the health information privacy requirements of a federal law called HIPAA (Health Insurance Portability and Accountability Act). The health information privacy requirements are known as the HIPAA Privacy Rule and went into effect April 14, 2003. When you are at a health care facility for clinical training, you are covered by the Privacy Rule as a member of that facility's workforce. In addition to this training, your training site may require you to complete Privacy Rule training specific to that site. When you are at a training site, you must follow that site's policies and procedures, including those concerning health information privacy.

Thank you for taking time to learn about the HIPAA Privacy Rule.

The HIPAA Privacy Rule

The Privacy Rule defines how health care providers, staff, trainees and students in clinical training programs can use, disclose, and maintain identifiable patient information, called "Protected Health Information" ("PHI"). PHI includes written, spoken, and electronic information and images.

PHI is health information or health care payment information that identifies or can be used to identify an individual patient. The Privacy Rule very broadly defines identifiers to include patient name, address, and social security number, but also, for example, fax numbers, email addresses, vehicle identifiers, URLs, photographs, and voices or images on tape or electronic media. When in doubt, you should assume that any individual health information is protected under the Privacy Rule.

All patients you come into contact with at a training site will have received a Notice of Privacy Practices, which describes in detail permitted uses and disclosures of PHI and patient rights (discussed below) under the Privacy Rule.

Important Definitions

USE: the sharing, application, utilization, examination, or analysis of PHI by employees and trainees within the training site.

DISCLOSURE: discussing PHI with or providing copies of PHI to persons who are not employees or trainees of the training site.

Disclosure of PHI Outside the Training Site Requires Written Patient Authorization Or De-Identification

You may use PHI, without patient authorization, at the training site for purposes of treatment and your training at that site. However, you may not further disclose PHI in any form to anyone outside of the training site, without first obtaining written patient authorization or de-identifying the PHI. This means that you may not, for example, discuss or present PHI from a training facility with or to anyone, including classmates or faculty, who was not directly involved in your training at that facility, unless you first obtain written authorization from the patient. Therefore, it is strongly recommended that whenever possible, you de-identify PHI, as described below, before presenting any patient information outside of the training facility. If you are unable to de-identify such information, you must discuss your need for identifiable

information with the faculty member supervising your training and the HIPAA Privacy Officer at your training site, to determine the appropriate procedures for obtaining patient authorization for your disclosure of PHI.

In order for PHI to be considered de-identified under the Privacy Rule, all of the following identifiers of the patient or of relatives, employers, or household members of the patient, must be removed:

- Name;
- Geographic subdivisions smaller than a state (i.e., county, town, or city, street address, and zip code) (note: in some cases, the initial three digits of a zip code may be used);
- All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death, all ages over 89 and dates indicative of age over 89) (note: ages and elements may be aggregated into a single category of age 90 or older);
- Phone numbers;
- Fax numbers;
- E-mail addresses;
- Social security number;
- Medical record number;
- Health plan beneficiary number;
- Account number;
- Certificate/license number;
- Vehicle identifiers and serial numbers;
- Device identifiers and serial numbers;
- URLs;
- Internet protocol addresses;
- Biometric identifiers (e.g., fingerprints);
- Full face photographic and any comparable images;
- Any other unique identifying number, characteristic, or code; and
- Any other information that could be used alone or **in combination with other information to identify** the individual.

Safeguarding PHI

The Privacy Rule requires you to "safeguard" PHI at your training site. Use the following practices to ensure Privacy Rule compliance.

- If you see a medical record in public view where patients or others can see it, cover the file, turn it over, or find another way to protect it.
- When you talk about patients as part of your training, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about patients in private areas. Do not discuss patients while you are in elevators or other public areas.
- When medical records are not in use, store them in offices, shelves or filing cabinets.
- Remove patient documents from faxes and copiers as soon as you can.
- When you throw away documents containing PHI, follow the facility procedures for disposal of documents with PHI.
- Never remove the patient's official medical record from the training site.
- **Avoid removing copies of PHI from the training site; if you must remove copies of PHI from the training site, e.g., to complete homework, take appropriate steps to safeguard the PHI outside of the training site and properly dispose of the PHI when you are done with it. You should not leave PHI out where your family members or others may see it. All copies of PHI should be**

shredded when they are no longer needed for your training purposes.

The U.S. Department of Health and Human Services has issued another set of HIPAA rules (the Security Rules) regarding safety and security of electronic data files and computer equipment. Please be familiar with these rules, especially as they pertain for electronic communication (e-mail).

Use Only the Minimum Necessary Information

When you use PHI, you must follow the Privacy Rule's minimum necessary requirement by asking yourself the following question: "Am I using or accessing more PHI than I need to?" If you are unsure of the PHI you may use or access while providing health care for a patient at your training site, please contact your preceptor, supervisor or the HIPAA Privacy Officer at your training site.

Discussing PHI With a Patient's Family Members

Before you may discuss a patient's condition, treatment or other PHI with his or her family member, it must be determined if the patient would object to such a disclosure. You should confirm with your supervisor that the patient has agreed to allow or in some other way has expressed no objection to such disclosures before you may discuss a patient's condition, treatment, or other PHI with his/her family members.

Patients' Rights Under the Privacy Rule

Each training site covered by the HIPAA Privacy Rule will have policies and procedures for implementing the following patient rights under the Privacy Rule:

- **The right to request alternative communications.** Under the Privacy Rule, patients can ask to be contacted in a certain way. For example, a patient may ask a nurse if she/he can leave a message on the patient's home voicemail instead of contacting the patient at work. If a patient's request is reasonable, as is the previous example, the health care provider or facility must follow it.
- **The right to look at (and obtain copies of) records.** Patients can ask to read their medical and billing records, and have copies made.
- **The right to ask for changes to medical and billing records.** Each facility must review and consider all requests for changes to medical and billing records.
- **The right to receive a list of certain disclosures.** Your training site must make and keep a list of certain disclosures of PHI (excluding disclosures for treatment, payment, and health care operations) that are made without patient authorization. Patients have the right to see and receive a copy of this list.
- **The right to request restrictions on how PHI is used and disclosed.** Patients can ask health care providers and facilities to limit the ways they make use of and disclose the patient's PHI for treatment, payment, and health care operations. Providers and facilities are not required to agree to such requests. You, as a trainee, must never agree to such restrictions on behalf of the training site.
- **The right to receive a "Notice of Privacy Practices."** Each health care facility that provides direct patient care must give every patient/client a copy of their Notice of Privacy Practices. The notice describes their privacy practices and the Privacy Rule. The facility must make reasonable efforts to have each patient sign a form acknowledging he or she received the notice. We recommend that you obtain a copy of the Notice of Privacy Practices from your training site and become familiar with it.

The HIPAA Privacy Officer

Each facility at which you train, that is covered by the Privacy Rule, will have a HIPAA Privacy Officer. If you have questions about the implementation of the Privacy Rule at a training site, you should contact the site's Privacy Officer. If you have general questions regarding the Privacy Rule, you should contact the Privacy Coordinator for your School or the UW-Madison Privacy Officer: **Rebecca Hutton**, J.D., UW Office of the Provost - Room 90B Bascom Hall - 500 Lincoln Drive - Madison, WI 53706 (608) 263-9158, hutton@bascom.wisc.edu

◆ Grace/Porchlight Drop-In Shelter Clinic ◆

Background

Grace/Porchlight was the first MEDiC clinic to be founded, in February, 1991, under the guidance of Dr. Ted Goodfriend, who served as the medical director until 2006. Dr. Doug Kutz is the current medical director. Its purpose is to provide health care to an underserved portion of the Madison population (homeless men) while offering an opportunity for students to provide community service and gain a broader background in clinical medicine. Clinic services are offered to residents of the Grace/Porchlight Drop-in Shelter. The typical format: three medical students working with two physicians and one-on-one patient interviews. The setting is best described as minimalist- no formal exam rooms or high-tech equipment. This format, the simple setting, and the attending physicians, are what make Grace/Porchlight so rewarding for students who volunteer there.



Time

Students should arrive at 7:45 PM on their scheduled Tuesday. Shelter doors open at 8 PM and shelter guests are registered and given dinner. The clinic typically runs from 8:15 until 10:00 PM. Volunteers usually leave by 10:15. Men leave the shelter the following morning after breakfast.

Location

The Grace/Porchlight Drop-In Shelter is located adjacent to Grace Episcopal Church, 116 West Washington Avenue, near the Capitol building on the square. The shelter entrance is located in the courtyard opposite the main building; however, guests will be waiting at this location, which may make it difficult to enter. **The preferred entrance is located at the bottom of the alley driveway on the west side of the shelter.** The buzzer on the back door may not work; so knock loudly until someone comes. If no one comes, enter through the main entrance. When you enter the back door, you will be in the shelter dining room. **Ask for directions to the second floor Sunday school classroom.**

Physicians, Staff, and Patient Population

The shelter is managed by Porchlight Inc. (<http://www.porchlightinc.org/>) and serves a transient male population. In 2007, homeless men received over 32,000 nights of emergency shelter at Grace/Porchlight. Dr. Doug Kutz serves as the clinic's medical director.

One physician is scheduled, either an Internist or a Family Physician, along with a resident, to staff the clinic each Tuesday. While you won't know patients' presenting problems in advance, it may be helpful to know that the most common medical conditions for which homeless men have sought care at Grace/Porchlight in the past: Dermatological problems (i.e. athlete's foot); 2) Upper Respiratory Infections (URI's); and 3) Musculoskeletal problems (i.e. muscle aches). **Please remember, we now have a free dermatology clinic and free PT clinic to which you may refer patients.**

Medical Student Role, Clinic Flow

Three medical students volunteer each Tuesday using the second floor Sunday school classroom as an exam room. Students should arrive at the clinic site in professional attire (dressed up, but not too...) with their name tag and instruments, if possible. White coats are not necessary. After introducing yourself to the clinic staff, you may be needed to help with setting up the clinic. Ask how you can help.

The clinic coordinator will go downstairs to the dining room at about 8:10pm and announce that the clinic is open. Most patients are familiar with the clinic and will wait on the first floor to be seen. If patients are waiting in the hallways outside occupied exam rooms, please ask them to wait at the first floor desk until the previous patient is finished. We do this to protect each patient's confidentiality as much as possible in an environment that is not very private.

After greeting each patient, students ask the patient to describe their problem ("chief concern") and take the patient's medical history. Students are also encouraged to perform whatever pertinent physical exam skills they feel comfortable completing. The patient is then presented to the attending physician, who usually asks more questions and does a directed physical examination. Finally, the diagnosis and treatment plan are formulated and discussed with the patient.

After all of the patients have been seen, the physician reviews the patient charts and all participants are encouraged to discuss their cases as time permits. This wrap-up session may include a discussion of the relationship of homelessness to clinical problems and treatment or a discussion of other aspects of homeless life which affect health care.

Prescriptions, Referral and Follow-up Care

A stock of sample medications is available at the clinic. Please follow the instructions found in the prescription section of the manual for drugs used from the clinic supply or for drugs that require a prescription for the patient to fill on their own. Lab tests are not available on site. When necessary, referrals are made to the sources listed in the section of the manual regarding referral information.

Follow-up care is available for returning patients each Tuesday. Check the patient logbook and files for information on the patient's previous visits. Medical problems not handled at the clinic are referred to the Veterans Administration Hospital (adjacent to the UW Hospitals) for care. Non-medical social assistance for patients is available through the Hospitality House, located on W Washington Ave, where all homeless people can stay during the day.

Hospitality House	608.255.2960
116 West Washington Avenue	608.258.4848 fax
Madison, WI 53703	www.madison.com/communities/porchlight/contact.php

Other

Clinic procedures and roles will vary somewhat and are best clarified with the volunteer physician before patients are seen. If time permits, ask patients about their homeless situation and some of the issues they face in their day-to-day lives. Most men are more than willing to talk about this. As always, patient confidentiality must be maintained. Dispose of biohazards and sharps as instructed.

◆ Salvation Army Homeless Shelter Clinic ◆



Background

The Salvation Army Clinic was the second clinic organized by MEDiC. This clinic also opened in 1991, under the direction of Murray Katcher, MD, Ph.D., who remains the clinic's medical director. It serves homeless families and single women who are residents of the Salvation Army shelter in Madison. It operates with support from shelter staff, social workers, and volunteer receptionists, who ensure that residents needing care are seen and get any necessary follow-up care. The setting is basic:

three offices are temporarily converted into exam rooms, each with a tackle box of supplies and a padded mat placed on top of the desk. Patients are seen for a variety of acute problems, the most common of which are upper respiratory infections, ear infections, and dermatologic problems (head lice, ringworm, rashes).

The Salvation Army has provided a homeless shelter for the city of Madison since the early 1980's. Organizationally, the Salvation Army is a Christian group dedicated to serving the poor and is organized similar to the Military. The "officers" are all ordained ministers. There is a church associated with the shelter and worship services are available but not mandatory. The Salvation Army shelter may house any homeless family, however women and children most often use it. Residents in the family shelter are provided a room and meals. There is a thirty-day limit to the length of time that a family may stay. In addition to the family shelter, the Salvation Army also has a single woman's shelter that is located in the gym. Homeless single women are able to enter at 6:30PM and receive a snack and cot to sleep on, but must leave by 8:00AM the next morning.

During the time that residents are at the shelter they receive assistance in searching for permanent housing, employment, and appropriate childcare. There is a limited grant program to provide help with down payments and the first month's rent if needed. St. Vincent DePaul and the Junior League may provide furniture and cleaning supplies. Additional services provided by the Salvation Army include childcare during the time of the stay so that parents can go apartment or job hunting, cooking classes by a nutritionist, and counseling. The Tuesday night MEDiC clinic provides the only available medical services on site and has been invaluable for treating acute illness as well as helping patients to become established within the Madison area medical community.

Time

Students should arrive at the clinic at **6:40 PM** on their scheduled Tuesday for a brief orientation and plan to stay until about 10:30 PM. Students should come dressed professionally and wear their nametags. It is not necessary to wear a white coat. Students who have their own medical equipment (otoscope, stethoscope, etc.) are encouraged to bring it with them to clinic.

Location

The Salvation Army Homeless Shelter Clinic is located on 630 East Washington Avenue just east of Blair Street. The parking lot and entrance are located at the rear of the building on East Mifflin Street.

Physicians, Staff and Patient Population

Two receptionists and the student clinic coordinator manage the clinic along with the shelter social workers. Dr. Murray Katcher is the clinic medical director. An attending physician, usually a pediatrician or family physician, and frequently a resident are both scheduled to work at the shelter each Tuesday night. The patient population is mostly women and children who are seen for acute concerns. Occasionally, pre-camp screenings are done for children.

Medical Student Role, Clinic Flow

Upon arrival to the clinic students should meet in the conference room for a short orientation and tour. The shelter staff organizes the patient schedule prior to the clinic. The number of patients seen varies greatly, from as few as three to as many as 15. The receptionist sees the patient first and completes the intake data on the first portion of the Health Assessment form, including the chief complaint. A file folder is made and the medical log book checked to see if the public health nurse has noted any special concerns. Patients wait in the hallway or gym until called by the receptionist. After putting the patient in an exam room, the receptionist will brief student volunteers on the patient's chief complaint before students see the patient. Since the exam rooms are private offices by day, the door is to be left open whenever the patient is unattended.

Three medical students work in pairs with a student from the pharmacy school or the school of nursing. After recording the patient's height and weight, medical students take the patient history using the Health Assessment form and conduct as much of the physical exam as s/he feels comfortable with (or accompany the physician to observe). Growth charts are also completed for all children seen at the clinic. Height, weight, and head circumference (for infants) are plotted against age to determine growth percentiles. The patient is then presented to the attending or resident physician, who also examines the patient and completes the visit with the student. The students or resident will complete the chart, then make notes of any needed follow-up in the appropriate log book for the shelter in which the patient resides. After all patients have been seen, Dr. Katcher will conduct a group review of clinic patients. These sessions serve as a time for question, answer and discussion.

Equipment, Supplies, Prescriptions, Referrals

Disinfectant is available and should be used on exam tables and mats between visits. Students/staff should use alcohol hand sanitizer between visits. Infant and adult scales are located in main hallway near the drug cabinet. Medical supply kits, blood pressure cuffs, and medications are available in the locked cabinets. Please follow the instructions found in the prescription section of the manual for drugs used from the clinic supply or for drugs that require a prescription for the patient to fill on their own. When necessary, referrals are made to the sources listed in the section of the manual regarding referral information.

◆ South Side MEDiC Clinic ◆

Background

The South Side MEDiC Clinic was established in November of 1992 under the direction of Dr. Cindy Haq in response to medical student interest in more clinical volunteer opportunities. The clinic serves uninsured residents of a largely low income, racially and culturally diverse neighborhood in South Madison. In early 1996 the clinic moved to its new location, which operates as Access Community Health Centers (ACHC) during the week. The clinic has several well-equipped exam rooms on site. The majority of patients seen are adults without medical insurance (since children are eligible for public health insurance through BadgerCare). An increasing percentage of the patients seen speak only Spanish, although patients come from a variety of backgrounds. Patients are seen for acute medical problems. The Department of Family Medicine provides administrative and financial support for this clinic.



Location

The South Side MEDiC Clinic is located in the Harambee Center at 2202 S. Park Street. (Take Park Street South almost to the Beltline, turn right at Buick St.)

Time

You should arrive at the clinic at 8:30 AM for an orientation to the clinic and to review the schedule of patients to be seen. Please wear your nametag, casual professional attire, and bring your stethoscope. White coats are not necessary. Patients are seen between 9 AM and noon, followed by a wrap-up session. Plan to stay until the close of clinic, usually about 1 PM. If you're sick or will be late, call the clinic coordinator as soon as possible (see student roles).

Patient Population

The South Side MEDiC Clinic provides free medical care to adults (and occasionally children) without health insurance. The South Side MEDiC Clinic sees patients on a first come first served basis. Frequently, patients begin lining up at the door as early as 7:00 a.m. Because many patients speak Spanish, Spanish-speaking students are scheduled each week. The Department of Family Medicine also employs bilingual desk coordinators who triage all Southside MEDiC patients and assist with Spanish translation needs, and evaluate the linguistic competency of Spanish speaking student volunteers.

Good patient care depends on good communication between the care provider and the patient. This is more complicated when the care provider and the patient speak different languages. Many students have studied Spanish, and may feel they have excellent Spanish language skills. Translating in a medical situation, however, can be more challenging than speaking Spanish. For that reason, the front desk coordinators or the medical student coordinator will spend at

least the first few minutes of the patient encounter with every volunteer to ensure adequate communication with non-native speakers.

If you have never seen or experienced medical translation situations, here are some things to keep in mind:

- 3 If possible, the translator will stand slightly behind you (the care provider) to best facilitate communication.
- 3 You (the care provider) should speak directly to (and look at) the patient NOT the translator.
- 3 The patient should be encouraged to speak to (and look at) you (the care provider).
- 3 Use the simplest vocabulary that will express your meaning and avoid jargon or technical terms.
- 3 Check to see if your message is understood (have the patient review and confirm their understanding with the translator).
- 3 Ask only one question at a time.
- 3 Limit your use of gestures.
- 3 Speak in a normal voice, clearly and not too fast or too loudly.

For additional information, please refer to the Provider's Guide to Quality and Culture at:

<http://erc.msh.org>

Services

Because the South Side Clinic is seeing an increasing number of patients (now 10-15 patients each Saturday), services are limited to care for minor illnesses and injuries, health and social service information, referrals, and medications for non-chronic conditions. Please see the section of the manual regarding referrals for instructions on how to fill out the forms. When working at the clinic, questions regarding referrals can always be directed to the clinic coordinators. Lab and X-ray services are provided at no charge by St. Mary's Hospital Medical Center to patients who need these tests and are unable to afford them. At the present time, routine physical examinations, pelvic examinations, treatment of STDs, immunizations, mental health treatment, and care for patients with complex or severe chronic conditions are not available at the clinic. The clinic is able to do dipstick urine tests, glucose testing, and rapid flu and rapid strep tests. An effort is made to refer patients to primary care providers when possible or direct patients needing those services to appropriate low-cost community resources.

Physician, Staff and Student Roles

One volunteer primary care physician, the medical student clinic coordinator, and two front desk coordinators typically staff the clinic each week. If a resident is available to volunteer, this usually allows more patients to be seen. Dr. Don Carufel-Wert is the medical director. Sharon Younkin provides administrative supervision for the clinic and the front desk staff.

The student coordinator orients medical teams to clinic procedures. The front desk coordinators provide administrative support, collect intake information, triage patients, monitor patient flow, translate, and assist with referrals to community agencies or providers. Questions or problems regarding clinic operations should be brought to the attention of the clinic administrator or student coordinator.

Each week, four first and second year medical students, one physician assistant student, as well as a pharmacy student and physical therapy student pair to form clinical teams. Students negotiate their roles during the patient encounter based on their knowledge, skill, and comfort level. First year medical students are typically paired with more experienced second year medical students, nursing, or PA students. Less experienced students often observe initially, but are then encouraged to play a more active role in the patient encounter. **The student team accompanies the patient from the waiting area to an exam room, takes the patient's weight, height, vital signs, and health history, and performs a focused physical examination to the best of their ability. Students do not perform breast and genital exams.** Findings are presented to the attending or resident physician who then sees the patient and assists students with the assessment and treatment plan, and chart notes. The faculty (attending) physician must co-sign the charts when completed.

Please be aware of confidentiality issues when discussing patients in the staffing area!

Follow-Up and Referral Guidelines

Because there are no MEDiC representatives present at the clinic site on weekdays, patients need to be given clear instructions regarding treatment and follow-up before leaving the clinic. Patients should be made aware of the difference between MEDiC's Saturday clinic and Access Community Health Centers (ACHC), which operate during the week in the same location (MEDiC clinic is *not* a part of ACHC).

Children who need ongoing medical care are referred to Access Community Health Centers. When necessary, referrals are made to the sources listed in the section of the manual regarding referral information. Referral and social service information is available at the clinic in English and Spanish.

Equipment, Supplies, and Prescriptions

The clinic is equipped with several exam rooms, a conference area, and a waiting room / front desk area, and a supply room. Most supplies are on hand, but you should bring your own-labeled stethoscope.

Please follow the instructions found in the prescription section of the manual for drugs used from the clinic supply or for drugs that require a prescription for the patient to fill on their own. Many monolingual Spanish-speaking patients may not find any Spanish speakers at their pharmacy. It is critical that you ensure that the patient fully and completely understand the prescription instructions in their native language prior to leaving the clinic.

Clinic Clean-up is the responsibility of all students. Before leaving, please ask the student coordinator or front desk coordinators what needs to be done.

◆ Michele Tracy Clinic ◆

Background

The Michele Tracy Clinic began as a collection of preventive health clinics designed to benefit the residents of the Porchlight community. The program was first coordinated by Elizabeth Bahn in 1997 and continued by Michele Tracy in 1998 and into 1999. Porchlight maintains 102 transitional housing units that are made available to low-income adults at reduced rates. A large number of the residents are or have been affected by alcohol and other drug abuse. A proportion of the residents also suffer from mental and physical health problems. Lack of education about proper health care and a deficiency in self-advocacy skills has made this population more susceptible to illness and poor health care maintenance. In response to this situation, the Michele Tracy Project began to provide educational and emotional support for the residents so they might assume a stronger role in meeting their individual health care needs.



In the fall of 1999, the project was formally adopted as a MEDiC Clinic, and given the name Michele Tracy Project after the late Michele Tracy from the UWMS class of 2002 who was tragically killed during an outreach trip to Africa. The project received a grant to assist in the coordination of the clinic as well as to provide funds for various health care supplies needed by the residents. The following topics have been addressed at clinic: General Health Care, Medications, HIV, Flu and Respiratory Health, First-Aid, Hygiene, Infectious Diseases, Men's/Women's/Sexual Health, Cardiovascular Health, Vision and Hearing Screenings, Dental Health, and Summer Health. The Michele Tracy Project differs from other MEDiC clinics in that it does not provide acute care. The Project focuses on *prevention and education* for the residents of Porchlight. Medical students and physician assistant students give talks and support to the residents of Porchlight and work with pharmacy and physical therapy students depending on the nature of the topic. For more information on Porchlight visit: <http://www.porchlightinc.org/>

Time

The Michele Tracy Clinics are commonly held the second Tuesday of every month (but sometimes other days of the week instead), excluding January, June, July and August. Only one clinic is held over summer break. The clinics begin with a brief introduction and student orientation at 5:15 and residents arrive at 5:30. The clinics will end between 7:30 and 8:00.

Location

This Porchlight facility is located at 306 North Brooks Street. Most clinics are held in the Multi-Purpose room. The front door is always open and serves as the entrance for anyone volunteering at the clinics. Parking is available behind Porchlight off of the alley between Luther Memorial Church and Porchlight or on the street in front.

◆ Safe Haven Psychiatric Clinic ◆



Background

The Safe Haven Psychiatry Clinic started in August, 1996, by UW medical students under the guidance of Dr. Ron Diamond. The clinic operates in the Safe Haven shelter every other Wednesday evening, starting at roughly 6:30 p.m. Patients treated are individuals with mental illnesses either from the community or from the Safe Haven shelter. Individuals from the Grace/Porchlight and Salvation Army shelters as well as patients referred from other MEDiC Clinics may be seen.

The Safe Haven shelter, where the clinic operates, opened in July 1995 and is managed by Porchlight, Inc. This shelter is a 14-bed eastside home serving homeless men and women who have severe and persistent mental illnesses. Typical complaints encountered include Schizophrenia, Depression, Bipolar Disorder (I and II), Alcohol/Drug Addiction, Post Traumatic Stress Disorder, Obsessive-Compulsive Disorder, and Anxiety disorders. Safe Haven accepts referrals in several ways, including from other overnight shelters, Dane County Crisis Center, hospitals, and the Mendota Mental Health Center.

Time

Please arrive at the clinic by 6:20PM. and plan to stay until 9:30PM, although we may finish early depending on how many patients are seen. Typically, 2-5 patients will be seen in one evening. The length of patient visits varies--a new case will last longer than a follow-up.

Location

1738 Roth St – on Madison’s east side, call 241-9447 if you’re lost

From campus, take Johnson Street east, heading out of town. After passing Tenney Park, take a left onto Fordem Avenue. Fordem turns into Sherman Avenue without you having to turn. At the corner of Sherman and Roth Street you will notice a Speedway gas station, and if you go too far, you will see a Frugal Muse bookstore (great store) and an Imperial Gardens. Hence, TURN right onto Roth before the Speedway and these other places. You should be looking at the back of Oscar Mayer now. The house immediately past the bait shop is Safe Haven. There is no large sign, just a huge yard, “Safe Haven” written on the mailbox, and a teensy bike rack in back. Come on in through the front door, turn left to the office where we will be expecting you. Taking the bus? The best routes are either the 2 or the 28 from the HSLC.

Check www.ci.madison.wi.us.metro to get route info.

Physicians and Staff

Dr. Ron Diamond conceived of the Safe Haven clinic idea and is the medical director. Staff from Safe Haven will be there when you arrive, and they take care of scheduling the patients. Case managers and social workers are also very closely involved in the patients’ health. A social worker is present at every meeting. Physicians are psychiatric residents or psychiatrists.

Student Roles

Please wear semi-professional attire and your nametag. In general, Safe Haven staff and the physician you will be working with will be dressed casually. Due to the presence of the patient, physician, medical student, and case manager during the patient visit, only one student is scheduled on any given Wednesday.

Students will most likely observe the patient interview rather than conduct an exam or take a history, though you may be asked to lend a hand with random things (paperwork, dictation). Your listening skills are your best asset, and you will learn a lot about good history taking. The physicians are extremely knowledgeable and happy to answer questions.

Physician/student interaction is strongly encouraged; most of the volunteer psychiatrists genuinely enjoy talking with students. To ensure that you have a valuable learning experience, the physician will have been asked to take a few minutes after each patient to discuss the case with you. In addition, you will have the opportunity to write-up a brief summary of each patient. This is a great opportunity to learn about psychiatry as a specialty!

Psychiatric care is a continuous commitment; nonetheless, the MEDiC clinic is staffed by different volunteers each Wednesday. To facilitate some continuity of care, you are encouraged to contact the next student volunteer to fill him/her in on cases likely to reappear the next clinic date. Please remember confidentiality issues and HIPAA regulations.

◆ ARC House Clinic ◆

Background

The ARC House Clinic opened in September 2003, under the direction of Alida Evans, MD, Ph.D., and Jacqueline Geissler, SMPH Class of 2006. The mission of the ARC House Clinic is to provide assessment, treatment, and continuity of care for chronic health concerns experienced by the ARC House residents (women transitioning out of incarceration and/or who are currently on parole). Patients include residents staying at the ARC-Dayton as well as residents from a nearby ARC House that travel to the Dayton St. location to be seen.



This ARC House Clinic is unique in that it offers students the opportunity to experience continuity of care with returning patients as well as to practice evidence based medicine techniques. Additionally, medical, PT, and pharmacy students will be working over the course of at least three months with the medical director, thus have the chance to work with one community based physician addressing the chronic health care needs and providing prevention information for an underserved population.

Time

The clinic is scheduled on the second or third Saturday of every month. We try to schedule students for three consecutive months so students have the opportunity to experience continuity of care. Because you will be following patients over time, it is important that you attend the clinic dates you are scheduled for. The scheduled student will arrive at 8:15 a.m. for a brief orientation. The teaching component (utilizing evidenced based medicine) is conducted by students during their second or third ARC visit beginning around 8:30 a.m. The clinic will open to see patients when the teaching component concludes (approximately 9:00AM). The clinic is expected to end around 1:00PM.

Location

Clinic is located on 2009 E. Dayton Street. This is approximately 5 minutes from the capitol by car. Start out going east on W. Johnson St. (away from campus, towards the capitol). Turn right onto N. 2nd St. Turn left onto E. Dayton St. Street parking is available. Buses 5 and 27 stop on Johnson Street and biking is also an option.

Physicians, Staff and Patient Population

Dr. Alida Evans is the founder, medical director, and staffing physician at each ARC House Clinic. Staff from the ARC Houses will choose appropriate patients (those with chronic health concerns) for each clinic. The patients are residents of the ARC Houses. Each resident is in some way part of the legal system, whether she has just exited prison or is on probation. Moreover, the residents at one of the ARC houses have been identified as having substance abuse issues and/or addictions.

Student Roles

Please wear nametags and semi-professional attire. Please bring any physical exam equipment that you have. After a brief orientation by the clinic coordinator at 8:15 am, there will be a round table discussion conducted by the staffing physician at 8:30 am. During this teaching component, students will formally present a case from the previous clinic that they have prepared by doing some evidence-based research. There will be time for discussion and questions. When the teaching component has concluded, the clinic will open to see patients at approximately 9:00 am.

A pair of students, usually a multi-disciplinary team (i.e., 1 PT and 1 medical student, etc.), will interview a patient. After the history and physical exam has been completed to the best of the students' ability, they will confer confidentially with the staffing physician. The staffing physician and the students will then revisit the patient to obtain any additional information that is needed (if required/deemed medically necessary by the physician). The staffing physician and the students will again leave to confer confidentially and decide on a treatment plan that they will then present upon returning to the patient. The students will answer any patient questions to the best of their ability and will confer again with the physician if necessary in order to adequately address patient needs. When the patient's visit is completed, a waiting patient may be roomed and the process repeated.

Prescriptions, Referrals

Please follow the instructions found in the prescription section of the manual for drugs used from the clinic supply or for drugs that require a prescription for the patient to fill on their own. When necessary, referrals are made to the sources listed in the section of the manual regarding referral information. Please make sure the "generic" option is checked "yes" on all prescriptions.

◆ Sample Patient Intake Form ◆

<p>PATIENT PROFILE:</p> <p>a. Name: _____</p> <p>b. Date of visit: ___/___/___</p> <p>c. Address:</p> <p>Street : _____</p> <p>Apartment: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>d. Phone number: (____) _____</p> <p>e. DOB: ___/___/___ Age: _____</p> <p>f. Gender: <input type="checkbox"/>M <input type="checkbox"/>F</p> <p>g. Ethnicity: _____</p> <p>h. Married/partnered: _____</p> <p>i. Household size:</p> <p>Adults _____ Children (ages- _____)</p> <p>_____</p> <p>_____</p> <p>j. Work outside the home: <input type="checkbox"/>Y <input type="checkbox"/>N</p> <p>k. Insurance: <input type="checkbox"/>Y (type? _____) <input type="checkbox"/>N</p> <p>l. If no, eligible?: <input type="checkbox"/>Y <input type="checkbox"/>N <input type="checkbox"/> Don't know</p> <p>m. For Grace Clinic – veteran: <input type="checkbox"/>Y <input type="checkbox"/>N</p> <p>n. Homeless: <input type="checkbox"/>Y <input type="checkbox"/>N</p> <p>o. Do you have the ability to pay for a Rx costing less than \$20: <input type="checkbox"/>Y <input type="checkbox"/>N</p> <hr/> <p>p. Chronic medical problems:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>q. Current Medications:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>r. Drug allergies:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>s. Dietary Restrictions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>t. Hospitalizations:</p> <p>_____</p> <p>_____</p> <p>u. Family History:</p> <p>Family member:</p> <p><input type="checkbox"/> Cancer _____</p> <p><input type="checkbox"/> Heart Disease _____</p> <p><input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> Other: _____</p> <p>v. Do you feel safe in your current living arrangement: <input type="checkbox"/>Y <input type="checkbox"/>N</p> <p>_____</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">w. Tobacco/Alcohol/other current use per week:</td> <td style="width: 50%; padding: 5px;">past use per week:</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> never used</td> <td style="padding: 5px;"><input type="checkbox"/> interest in quitting</td> </tr> </table>	w. Tobacco/Alcohol/other current use per week:	past use per week:	<input type="checkbox"/> never used	<input type="checkbox"/> interest in quitting
w. Tobacco/Alcohol/other current use per week:	past use per week:				
<input type="checkbox"/> never used	<input type="checkbox"/> interest in quitting				

Patient Name: _____

Date of Visit: _____

SUBJECTIVE:

Chief Complaint:

History of present illness (Location, quality, severity, associated signs and symptoms, what makes it better or worse, family history of problem, treatment, impact):

OBJECTIVE/ASSESSMENT/PLAN:

Vital Signs:

BP:	Resp:	Temp:
Pulse:	Weight:	Height:

Physical exam findings:

Assessment/Diagnoses:

Plan (INCLUDING prescribed medicines):

Drugs Provided by drug cabinet samples MEDiC stamp Rx patient paid Rx

Referral:

Student Name (print): _____ Physician Name (print): _____

Student signature: _____ Physician signature: _____

◆ “Presenting” a Patient ◆

In most cases, the medical student, either alone or with a partner, will see the patient first to take vital signs, collect information on the chief complaint, complete the history and do at least part of the physical examination. After the initial encounter, the student will typically “present” the patient to the faculty or resident physician.

The presentation of a patient to a faculty member or consultant is a skill that will grow over time. Knowing the patient, the history of their presenting complaints and something of their background is essential. Organizing this information clearly and succinctly is also important. Though there are several styles of presenting, the following guidelines are useful for the outpatient setting:

Brief introduction of patient: Include as appropriate: age, gender, ethnicity, culture, occupation, and living circumstances

“Mr. Smith is a 45 year old white single male from Africa, unemployed, living alone”

“Mrs. Alvarez is a 23 year old married Latina woman from Mexico, employed –two part time jobs—living with husband, two children, and 3 extended family members”

Presenting complaint: Include onset, severity, and description of symptoms and what the patient may be worried about.

“Three days of sore throat, fever to 102 F., chills, and generalized muscle aches, worried about strep throat.”

Pertinent past medical or social history: Include chronic diseases, current medications, financial status if unable to afford drugs or further tests, affected family members.

“Diabetes for 5 years, takes a ‘pill’ but ran out last week, 7 year old child has similar symptoms, allergic to penicillin, smokes one pack of cigarettes daily, is unemployed but eligible for Medical Assistance.”

Examination findings: Include what you examined, what you found, and what you have questions about.

“I looked at the head, eyes, ears, nose, and throat and listened to the heart and lungs. She looks tired, temperature is 101 F., the tonsils are large, red and have pus on the surface, the anterior cervical lymph nodes are tender, the lungs sound clear.”

Your assessment or questions about the patient: What you think is going on and / or what you need the faculty member to clarify or re-examine.

“It looks to me like strep throat but I don’t know how to tell for sure or how to treat her. I’d like you to check her throat and lungs again to make sure of the findings. Is this the time to work on getting her to stop smoking?”

Jointly the students and physician decide on the diagnosis and develop a plan for treatment and follow-up that is discussed with the patient.

◆ Guidelines for Dispensing Drugs & Writing Prescriptions ◆

1.
 - A. The prescription is a means of communication with the pharmacist who will give further instructions to the patient.
 - B. Do not write prescriptions for drugs for which adequate samples or stock bottles are on hand. (Check the inventory sheet).
 - C. Prescriptions with the MEDiC stamp may **NOT** be refilled.
 - D. **Due to the high potential for abuse, narcotic prescriptions are not given at any MEDiC clinics.**
 - E. **Do NOT sign a prescription as your own. You may write it, but a physician must sign it.**
 - F. **When appropriate, please write for GENERIC MEDICATIONS ONLY. While this is ultimately up to the physician's discretion, it helps to ensure MEDiC will have funds to help as many patients as possible.**

2. HOW TO OBTAIN A DRUG/PRESCRIPTION

A. DRUG CABINET

A supply of drugs and other supplies is available at each clinic. If a patient needs a drug as part of their treatment, the first step in obtaining it is to check the supply cabinet to see what is available. If a drug from the cabinet is to be given to a patient, a prescription needs to be filled out including the drug name, lot number, expiration date, quantity administered, dosage instructions and the physician's name and signature. Please put the white copy of the prescription in the envelope on the drug cabinet and insert the yellow copy into the patient's file. If you are administering a drug from a large stock bottle, please count out the appropriate amount of pills, mL, etc. and place in a small dispensing bottle with a cap. Ask the coordinator for labels to write dosage instructions for the patient along with the physician's name.

B. MEDiC FUND

If a drug is not in stock and a patient has no insurance or Medical Assistance and cannot afford the prescription, up to \$50.00 can be covered by the MEDiC fund at Walgreen's, Schaeffer Pharmacy or Community Pharmacy. The MEDiC fund is intended to only cover medications for acute illnesses, not long term medications. On rare occasions exceptions to these limits may be made. If the MEDiC fund is to be used, the prescription should be written and stamped with "MEDiC FUND." MEDiC stamped prescriptions should never indicate that refills can be given. The white copy of the prescription is given to the patient and the yellow copy should be placed in their file. The prescription can be filled at Target Pharmacy, Community Pharmacy on 341 State St, Schafer Pharmacy on Williamson St., or at the following Walgreen's locations: South Park St., East Washington Ave., and Whitney Way. Because the MEDiC fund is limited and must cover all clinics, please check the drug supply cabinet **and the patient's ability to pay before stamping a prescription.**

C. OTHER INFO

All drugs prescribed, whether from the cabinet or to be filled upon leaving clinic, must be recorded on the summary drug sheet at the end of each clinic. The clinic coordinator should hand out this sheet to all volunteers in order to record the drugs being given out

or prescribed and the lot and expiration date. This is important in order for MEDiC to track drug supplies and patient needs. Patients needing TB medication will need to be monitored by the public health department, who will also supply necessary medications. Explore alternative ways of paying for long-term medications with the patient.

3. All prescriptions should include the following information Written CLEARLY:

- A. Name of patient
- B. Date
- C. Name of drug (**generic preferred**)
- D. Strength of drug (usually in milligrams)
- E. Type of vehicle (capsule or tablet, liquid suspension, or inhaler: pharmacist will assume pill form unless specified)
- F. Instructions for administration (amount and frequency of administration)
- G. # Dispense indicates amount of drug (number of pills, cc of liquid, grams of ointment, number of inhalers)
- H. **No refills**
- I. Faculty signature (must be signed by a licensed MD)
- J. **Faculty name printed**

IT IS YOUR JOB TO MAKE SURE THAT ALL COMPONENTS OF THE PRESCRIPTION ARE LEGIBLE (INCLUDING THE PHYSICIAN'S NAME) AND TO ASSURE PATIENT COMPREHENSION.

4. Some commonly used prescription abbreviations:

sig	=	signature (instructions for use)	BID	=	twice daily
T	=	1	TID	=	three times daily
TT	=	2	QID	=	four times daily
TTT	=	3	qHS	=	every night
PO	=	per orum (by mouth)	q6 hr	=	every six hours
PR	=	per rectum	q8 hr	=	every eight hours
prn	=	as needed	x7d	=	for seven days
			x10d	=	for ten days

5. Sample prescription:

Patient Name: Sue Brown	Allergies: none
Date: 6/9/06	
Indication: ear infection	
Rx: Amoxicillin suspension 250 mg/5cc	
Sig: 4 cc PO TID x 10d	
Disp: 150 cc	
Refills: 0	
<u>FROM THE MEDIC FUND</u>	
Signed: _____, M.D.	
Printed name: <u>J.M. Green, M.D.</u>	

◆ Referral Information ◆

Because of the generosity of several medical facilities in Madison and the hard work of past and present MEDiC council members, MEDiC has developed the capacity to refer limited numbers of patients in need of further evaluation, specialty services, labs or x-rays for free or considerably reduced cost. There are two systems of referral that exist, in the form of those external clinics and societies who provide services within their systems, and the internal MEDiC referral clinics, which are staffed by MEDiC volunteers. These MEDiC referral clinics provide another means for patients to receive specialty care in dermatology, physical therapy, and advanced eye care within the MEDiC clinic system.

Referrals are available are to the following locations:

1. **St. Mary's:** x-rays with reports and lab work ups
2. **UW Northeast Clinic:** primary care visits for up to 3 MEDiC patients per month
3. **UW Wingra Clinic:** primary care visits for 1 Spanish-language-only patient per month
4. **Dental:** fillings and tooth extractions as needed for up to 10 MEDiC patients per month
5. **BSP Clinic:** specialty consultative services in specified fields
6. **UW Specialty Clinics:** specialty procedures for up to 5 MEDiC patients per month
7. **UW Eye Clinic:** routine vision screening for adult and adolescent MEDiC patients
8. **MEDiC Pediatric Eye Clinic:** routine vision screen for MEDiC patients **age 10 and under** (one Thursday per month, dates vary)
9. **MEDiC Dermatology Clinic:** 1st Saturday of every month
10. **MEDiC Physical Therapy Faculty Clinic:** 2nd Saturday of every month

◆ MEDiC's Referral Clinics ◆

Dermatology Clinic

The Dermatology clinic is held from 9:30am-Noon on the first Saturday of every month. Dr. Will Aughenbaugh and Dermatology residents volunteer their time in this clinic. The clinic is held in the same facility as the Southside Clinic, but patients from **all** MEDiC Clinics can be seen.

Physical Therapy Clinic

The Physical Therapy clinic is held on the 2nd Saturday of every month from 9am-noon. This clinic is also held in the same facility as the Southside Clinic. Faculty from the Physical Therapy Department of the University of Wisconsin SMPH volunteer with Physical Therapy students to provide broad clinical expertise. This allows those patients referred to the clinic to be seen for a wide array of conditions, ranging from musculoskeletal conditions to stroke recovery.

Eye Referral Clinic

Dr. Amy Walker volunteers eye care services to pediatric patients at the University Park Eye Center one Thursday each month. These appointments are held in the evening. Only children age 10 and under can be referred. If needed, MEDiC can frequently help the patient obtain free eyeglasses.

Dental Referral

A local dentist volunteers his services free of charge for MEDiC patients who meet the following eligibility requirements: 1) Uninsured, (this means **no Medicaid** and/or **no Badgercare**), and 2) Have severe tooth pain, severe tooth decay, or dental cavities. If more complicated procedures are required, payment will be arranged between the dentist's office and the individual patient. Appointments are scheduled by the MEDiC referrals coordinator who will notify the patient. Spanish language translation can be provided.

◆ The Referral Process ◆

The clinic coordinator at each MEDiC site has access to the proper forms needed for each referral. If the attending physician decides that it is necessary for a patient to receive a referral, the student is responsible for filling out the appropriate form. It is **extremely** important that the form is filled out completely and legibly and includes the physician's printed name, signature, address, fax # and phone #. Please ask the clinic coordinator about any questions regarding these forms. If they are not adequately filled out the referral cannot be accepted.

***** Any delays in referral processing will delay a patient receiving care. ***
Your error could compromise patient care.**

An example from exam week, Spring 2006:

A woman was seen at a MEDiC Clinic on the third week of April and referred to a primary care clinic for management of her diabetes. However, the financial form was not filled out at clinic, so the referral had to wait until all the necessary paperwork was complete. Without this paperwork, the clinic would not have qualified the patient for free care. The clinic coordinator asked the patient to return to the MEDiC Clinic the following week (fourth week of April) to fill out the financial form, and the complete form was then given to the referrals coordinator the following Monday (May 1) at school. When the patient called the primary care clinic, she had difficulties communicating with the receptionist, and wasn't able to schedule an appointment. Instead, she called MEDiC that Friday afternoon (May 5) to explain her difficulty and ask for help. We sorted out the issue the following Monday (May 8). ***This patient had to wait two weeks to be able to even make an appointment. What could we have done better? Made sure the paperwork was correct the first time!***

The patient above was referred to a clinic that only accepts one MEDiC patient per month. As a result of the delay, we wasted our April referral, and used our May referral May 1st. A second patient with an extremely painful pilonidal cyst was at a MEDiC clinic the first week of May. She was referred to the same primary care clinic to have the cyst drained, and to receive the necessary follow up care (Google "pilonidal cyst" and do a little reading, and you'll understand how much is required to treat this). The one and only May referral to this clinic had already been used, but this patient could not wait a month to be treated. Many people involved in this patient's care, both directly and indirectly, spent much of Monday and Tuesday scrambling and asking for favors in order to get this patient treated. The referrals coordinators alone spent at least eight hours during the first two days of exam week working on this, but were eventually able to make an appointment for the patient.

The point I hope to share with you is that **paperwork is not just a silly burden that we need to deal with. It actually affects patient care. For scarce referrals, it can impact multiple patients.** Please fill out all the required paperwork when the referral is initially made. It's less work when we all get it right the first time, and don't need to go back to have patients fill out forgotten forms. But what's more important than the amount of work required of us is the fact that our patients are counting on us, and referring them as expediently as possible is the least we can do.

◆ Reasons to Refer To Physical Therapy ◆

Physical Therapy students are capable of the evaluation, diagnosis and/or the therapeutic rehabilitation of the following issues in order to promote ability, function and wellness:

Neuro/Musculo/Skeletal/Integumentary Complaints

- ✓ Back/Neck, and Dysfunction, Injury (*Including Low Back Pain, Whiplash, s/p MVA, Headache*)
- ✓ Pelvic Pain and Dysfunction (*pain syndromes, post partum pain and incontinence*)
- ✓ Joint/Ligamentous Pain and Dysfunction, Injury
- ✓ Musculotendonous and Fascial Pain and Dysfunction, Injury (*Pain, Spasm, Sprain, Strain, Hypertonicity, Spasticity, Weakness, Contracture, etc*)
- ✓ Nerve Injury and Entrapment Syndromes, Numbness, Tingling (*Carpal Tunnel Syndrome, Thoracic Outlet Syndrome, Sciatic Syndrome etc.*)
- ✓ Postural Pain, Abnormal Posture (*causing pressure on joints, hyper/hypomobility, muscle trauma*)
- ✓ Balance, Coordination and Safety Issues (*falls, dizziness, mobility impairments*)
- ✓ Problems with Mobility (*Gait, Sitting, Standing*)
- ✓ Decreased Range of Motion (*Soft tissue contracture/adhesion, post immobilization dysfunction*)
- ✓ Muscle Weakness and Deconditioning
- ✓ Cardiovascular/Pulmonary Deconditioning, Stable Vascular Disease
- ✓ General Exercise Education
- ✓ Wound and Burn Care, Foot Ulcers, Skin Breakdown, Lymphedema, Swelling, Effusion
- ✓ Chronic Pain Rehabilitation and Assistive Devices
- ✓ Neurological Dysfunction, Injury Rehabilitation (*to maximize abilities, wellness and recovery*)

Who Are Physical Therapists And What Do They Do?

Physical Therapists (PTs) are licensed health care professionals who diagnose and oversee the management of patients with movement disorders, and improve the physical and functional abilities of people throughout the lifespan. PTs also play a role in helping individuals maintain optimal health and fitness, and prevent the onset or progression of impairments, functional limitations, and disabilities related to disease, disorders, and other conditions.

What Do Physical Therapists Treat?

The four physical therapy practice areas are musculoskeletal, neuromuscular, cardiopulmonary, and integumentary. A few examples of conditions that may lead to functional limitations are as follow: back and neck injuries and pain, sprains/strains and fractures, wounds, stroke, spinal cord injury, arthritis, heart disease, progressive neurological dysfunctions such as multiple sclerosis, congenital abnormalities, knee injuries, overuse injuries, cancer, peripheral vascular disease, and traumatic brain injury.

In What Settings Do Physical Therapists Practice?

Physical therapists practice in a wide variety of settings, including private practices, emergency rooms, hospital inpatient and outpatient rehabilitation centers, skilled nursing facilities, sub-acute facilities, patients' homes, higher education settings, research settings, schools, fitness centers, office or industrial workplaces, and sports training centers.

Physical Therapy Education and Licensure

In order to practice as a "Physical Therapist," one must have graduated from an accredited physical therapy program, pass the National Physical Therapy Examination (NPTE), and be licensed in his/her given state(s). Physical therapists often pursue professional development opportunities, including post-professional degrees, such as Doctor of Philosophy (PhD), Doctor of Science (DSc), Master of Science (MS), Master of Arts (MA), Master of Business Administration (MBA), or Master of Public Health (MPH) degrees. Clinical residency and specialization opportunities are also available to PTs. Examples include Orthopedic (OCS), Neurologic (NCS), Pediatric (PCS), Sports (SCS), Geriatric (GCS), Cardiovascular and Pulmonary (CCS), and Clinical Electrophysiologic (ECS) clinical specialty certifications.

◆ Reach Out and Read ◆

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

ROR is a national program that supports children's language and literacy development, which is essential for young children to be on schedule with their learning progress before they begin school. **Studies have shown that promoting pediatric literacy leads to significant improvements in preschool language scores** – a good predictor of later literacy success.

ROR's three main components:

- Medical and health professions students advise parents on the importance of reading aloud to young children – including age-appropriate strategies for enjoying books with infants and toddlers. As a part of this component, the **student volunteer fills out a ROR Prescription for reading aloud.**
- **Children receive a free book** in the waiting/reading area or the exam room from a MEDiC volunteer.
- **Volunteers read aloud** to children in the waiting room, modeling this behavior for parents.

As a volunteer reader in the waiting room your role is to provide a positive reading experience for the children, and to model reading aloud for parents. Some parents may have never seen good reading aloud techniques themselves. You may find yourself reading to one child or to a group of children, depending on who is in the waiting room.

Volunteer readers are often the first face of ROR that parents and children see when they arrive for their visit. By listening to stories, children learn that they enjoy books, and that being read to is a treat - a message that should be reinforced in the medical visit. By watching volunteer readers with children, parents learn how reading aloud works and see how much their child enjoys the experience. Hopefully, the parent will repeat this activity at home!

POINTS TO REMEMBER:

- 1) Please take the time to discuss this program with every parent or guardian accompanying a child
- 2) Complete a "Reading Rx" and give to the parent.
- 3) Make sure that the child gets to choose one NEW book. This book is theirs to KEEP. Help the child write "This book belongs to: (child's name)" to ensure that the child and family know that the book is a gift.
- 4) Read to the kids—make this interactive, informal, and fun!! Ask them questions, talk about the pictures, have fun!

Currently, this program operates at the Southside and Salvation Army Clinics.

◆ Notes About Confidentiality ◆

- ◆ As a medical professional you are expected to maintain patient confidentiality. This means that you will not reveal information regarding the patient to anyone outside the immediate professional setting. Since the MEDiC Clinics are teaching clinics, it is expected that you will discuss the patient with your instructor and other students attending the clinic that day.
- ◆ You are not able to reveal any information regarding the patient to people outside the clinic setting without the patient's specific permission to do so. If the patient needs follow up by a public health nurse or other professional you should obtain written consent to release information regarding their case prior to doing so. Forms for this purpose are available at the clinics.
- ◆ If you wish to discuss patients with other colleagues outside the clinic setting, it is acceptable to discuss patient care in general terms, but you should not reveal particular patient names or details which might identify a patient without their consent.
- ◆ In order to maintain confidentiality with a family, you may need to ask to interview adolescent or adult patients privately. While you are expected to discuss particulars about a child's health with their parents or guardian, you need consent to discuss details of an adolescent or adult case with other family members. Issues such as sexuality and drug or alcohol use are particularly sensitive topics that you must have specific permission to discuss.
- ◆ Exceptions to maintenance of confidentiality are suspected child abuse or neglect, and situations where it is judged that the patient may be of harm to themselves or others (suicide or violent behavior). You will not be expected to make such judgments. If you have concerns that these issues are present, discuss them with the attending physician.
- ◆ **Never transmit patient information electronically (via email).**
- ◆ Always be aware of HIPAA guidelines. Violations of HIPAA guidelines may constitute a Federal offense.
- ◆ Do not discuss patient information in the Health Sciences Learning Center because some patients from our clinics spend time there.

◆ Noon Seminars ◆

Noon seminars sponsored by MEDiC provide a means of augmenting your volunteer experience with MEDiC. These presentations vary widely, from issues pertaining to homelessness, community health and social service resources, and cross cultural health issues. The talks are meant to provide insight in the needs of the communities served by our clinics. These seminars are excellent opportunities to build your clinical skills and increase your awareness of "systems" issues that have an impact on the healthcare of MEDiC patients and they are strongly encouraged for any student who wants to volunteer at a MEDiC clinic and/or participate in the MEDiC Council.

◆ **Cultural Awareness, Sensitivity, and Humility** ◆

It is not unlikely that patients you will encounter in MEDiC clinics will come from cultural backgrounds with which you may be unfamiliar. Every patient encounter presents communication challenges, due to individual, experiential, cultural, geographic, familial, education, linguistic and other differences.

Keep the following in mind in EVERY patient encounter:

- ◆ Begin by being more formal with clients from another culture. Start with using the client's last name, or ask for preference in address.
- ◆ Do not be insulted if the client does not make eye contact or questions your intervention plan.
- ◆ Do not make assumptions about the client's ideas about managing his or her life or health. Adopt a line of questioning that will clarify some of the client's cultural beliefs.
- ◆ Allow the client to be open and honest. Do not discount beliefs that are not found in your culture (or in western medicine).
- ◆ Do not discount the possible effects of someone's belief that the supernatural can effect on health and wellbeing and be sensitive to any home or cultural remedies or healing practices they may be using.
- ◆ Inquire directly about the client's cultural attitudes toward health and well being.
- ◆ Try to ascertain the value of involving family in care plans.
- ◆ Be restrained in relating bad news until you understand the cultural position on 'need to know.'
- ◆ Whenever possible, incorporate client's cultural beliefs into the care plan.
- ◆ Do not treat the client in necessarily the same manner you would want to be treated.
- ◆ Treat all differences with respect.

Cultural insensitivity can have a negative effect on clinical outcomes. Ignoring culture can lead to negative health consequences in a variety of ways:

- ◆ Patients may choose not to access needed services for fear of being misunderstood or disrespected;
- ◆ Providers may miss opportunities for screening because they are not familiar with the prevalence of conditions among certain minority groups (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
- ◆ Providers may fail to take into account differing responses to medication (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
- ◆ Providers may lack knowledge about traditional remedies, leading to harmful drug interactions (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);
- ◆ Providers may make diagnostic errors resulting from miscommunication (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996);

- ◆ Patients may not adhere to medical advice because they do not understand or do not trust the provider;
- ◆ Providers may order fewer diagnostic tests for patients of different cultural backgrounds because they may not understand or believe the patient's description of symptoms. Alternatively, providers may order more diagnostic tests to compensate for not understanding what their patients are saying.

(from the: Provider's Guide to Quality and Culture at: <http://erc.msh.org>)

Culturally informed health care may result in the following improved outcomes

- ◆ More successful patient education, because culturally sensitive clinicians can target, tailor, and communicate health-related messages more effectively.
- ◆ Increases in patients' health-care-seeking behavior, by improving trust and understanding between clinician and patient.
- ◆ More appropriate testing and screening, because clinicians will have more knowledge about the genetic background, risk exposure, and common health-related behavior in various cultural groups.
- ◆ Fewer diagnostic errors, as a result of more comprehensive and more accurate medical histories.
- ◆ Avoidance of drug complications, by discovering home or folk remedies used by patients.
- ◆ Greater adherence to medical advice, because clinicians establish a treatment plan that is most consistent with the patient's cultural beliefs and lifestyle. Thus, patients better understand how to follow the treatment plan.
- ◆ Expanded choices and access to high-quality clinicians, because patients are no longer restricted to a small pool of clinicians who share their language and culture.

(from the: Provider's Guide to Quality and Culture at: <http://erc.msh.org>)

Racial and Ethnic Disparities in Health Care

In 2002 the Institute of Medicine published Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (Smedley, Smith, and Nelson). This is a comprehensive articulation of what was already apparent to many in health care: that health outcomes vary by race and ethnicity. And because these disparities occur even when controlling for other factors—**income, age, insurance status, severity of condition—it's clear that this is not merely a function of access, of poorer people not being able to afford health care and therefore experiencing worse outcomes, but instead is evidence of unequal treatment of patients.**

Unequal Treatment established unequivocally that disparities occur due to differential treatment within clinical settings of members of different races and ethnicities. In so doing, the report marked a turning point for the study of health disparities. "The real challenge lies not in debating whether disparities exist because the evidence is overwhelming," said Alan Nelson, chair of the Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Now the health care field needs to focus on "developing and implementing strategies to reduce and eliminate [disparities]."

(from: Health Research & Educational Trust: <http://hospitalconnect.com/hret/programs/disparities.html>)

◆ **Practice Universal Blood and Body Fluid Precautions** ◆

**ST. MARYS HOSPITAL MEDICAL CENTER
GUIDELINES FOR PREVENTION OF BLOODBORNE ILLNESSES**

Consider all Blood and Body Fluid as potentially infectious. Use appropriate barrier precautions.

BODY FLUIDS TO WHICH UNIVERSAL PRECAUTIONS APPLY:

Blood	Synovial fluid
Visibly bloody fluids	Peritoneal fluid
Semen	Pericardial fluid
Vaginal secretions	Amniotic fluid
Cerebrospinal fluids	

**BODY FLUIDS TO WHICH UNIVERSAL PRECAUTIONS DO NOT
APPLY UNLESS VISIBLY BLOODY:**

Tears	Sweat
Nasal secretions	Urine
Saliva	Feces
Sputum	Vomit

WEAR GLOVES:

- When touching blood, body fluids requiring universal precautions, mucous membranes, or non-intact skin of all patients.
- When handling items or surfaces oiled with blood or body fluids requiring universal precautions.
- During invasive procedures including the starting of IV's and the drawing of arterial and venous blood specimens (phlebotomy).

WEAR GOWNS (OR APRONS):

- During procedures that are likely to generate splashes of blood or other body fluids requiring universal precautions which may expose mucous membranes of mouth, nose and eyes.

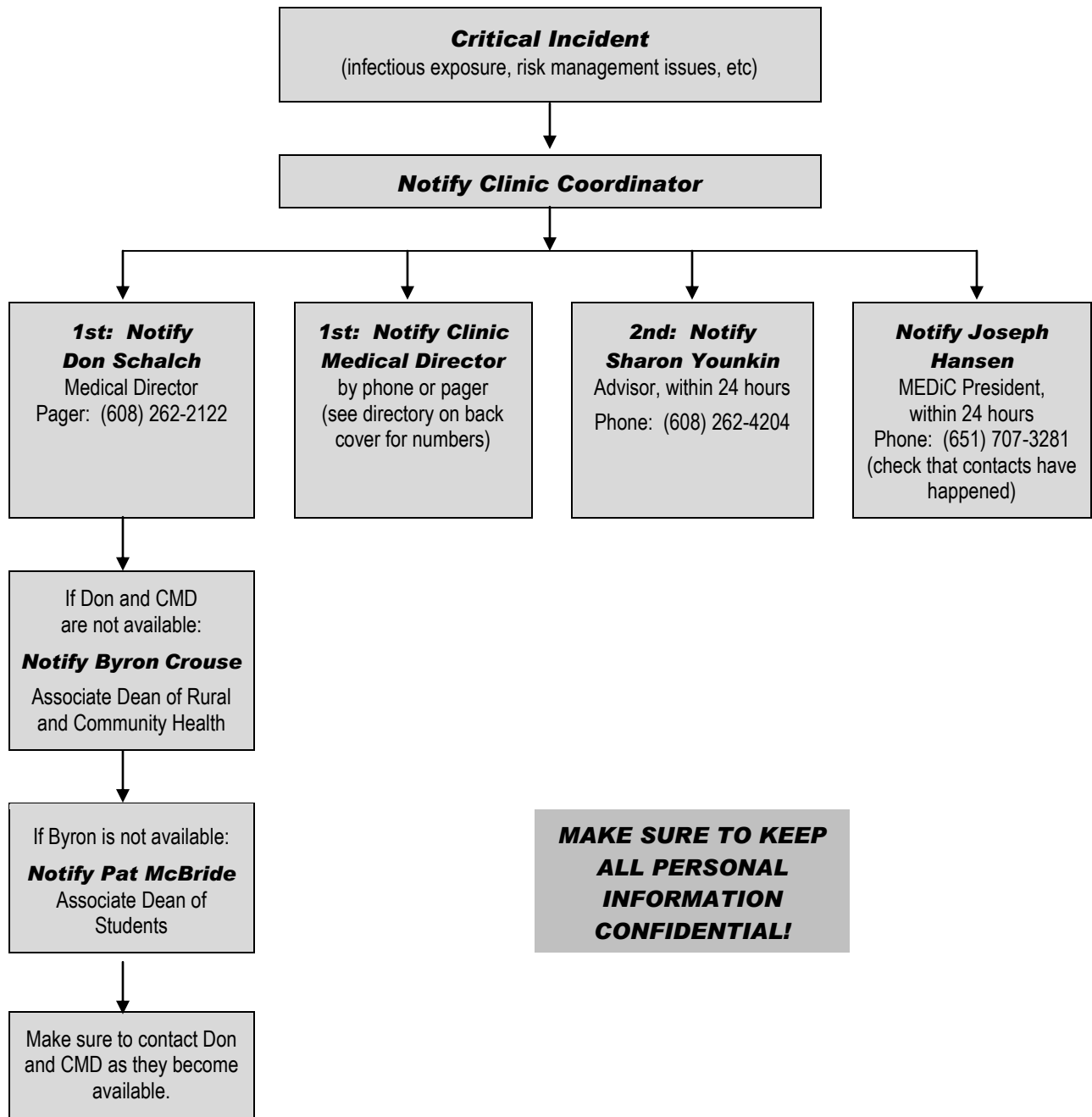
WEAR MASKS AND PROTECTIVE EYEWEAR:

- During procedures that are likely to generate droplets of blood or other body fluids requiring universal precautions which may expose mucous membranes.
- **Where a mask when in the presence of a suspected Tuberculosis patient.
(At MEDiC, please mask with all coughing patients)**

INJURY PREVENTION:

- Disposable syringes and needles, scalpel blades, and other sharp objects should be placed in puncture-resistant containers, located as close as practical to area of use.
- To prevent needle-stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

◆ **MEDiC Critical Incident Contact Flowchart** ◆



◆ Federal & Local Health Care Programs & Social Service Agencies ◆

BadgerCare Plus

Purpose -- BadgerCare Plus is a program for children under 19 years of age and families in Wisconsin who need and want health insurance. BadgerCare Plus is for all kids, regardless of income. BadgerCare Plus is about more than just kids. It also offers access to comprehensive, affordable health care to many families and pregnant women in Wisconsin.

Who Can Enroll –

All children under 19 years old –at all income levels– can enroll in BadgerCare Plus if they don't have access to health insurance. Families with kids at higher income levels will pay premiums and co-payments for certain services.

BadgerCare Plus also covers:

- Pregnant women (up to 300% of the Federal Poverty Level (FPL), which is \$51,510 for a family of three);
- Parents and caretakers at higher income levels (up to 200% of the FPL, which is \$34,340 for a family of three);
- Young adults who are leaving foster care when they turn 18 (regardless of income);
- Parents with incomes up to 200% FPL who have kids in foster care; and,
- More farm families and self-employed families.

For more information: <http://www.dhfs.state.wi.us/badgercareplus/>

Healthy Start

Healthy Start is a Medicaid Program that pays for medical care for pregnant women, babies, and children under 19 years of age. It covers most babies until they are one year of age, even if the family's income increases. Families with health insurance may apply. The Department of Health and Family Services (DHFS) administers the Healthy Start and Wisconsin Medicaid programs.

Healthy Start pays for:

- Doctor visits and hospital costs
- Prescription drugs
- Delivery of the baby
- Health Care **(including medical, dental, vision, and counseling)** for pregnant women up to 60 days following delivery and for children up to age 19.

Eligibility is based on the family's gross (before taxes and deductions) income (see federal poverty level chart below). This includes income from all sources. There is no asset test. Families with higher incomes may qualify if they pay for childcare or have high medical expenses.

Federal Poverty Levels (FPL)

Family size	150% Monthly income	200% Monthly income	300% Monthly income
1	\$1,300.00	\$1,733.33	\$2,600.00
2	\$1,750.00	\$2,333.33	\$3,500.00
3	\$2,200.00	\$2,933.33	\$4,400.00
4	\$2,650.00	\$3,533.33	\$5,300.00
5	\$3,100.00	\$4,133.33	\$6,200.00
6	\$3,550.00	\$4,733.33	\$7,100.00
7	\$4,000.00	\$5,333.33	\$8,000.00
8	\$4,450.00	\$5,933.33	\$8,900.00

For more information, see: <http://dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm>

Wisconsin WIC Program

The purpose of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants and children. WIC provides supplemental nutritious foods, nutrition and breastfeeding information, and referral to other health and nutrition services. WIC promotes and supports breastfeeding.

To be eligible for WIC benefits in Wisconsin, a person must meet the following requirements: Be a pregnant or breastfeeding or a new mother, with an infant up to age one, or a child up to age 5; and be a resident of Wisconsin; and be income eligible; and have a health or nutrition need.

All participants receive:

- 3 Screening for nutrition and health needs
- 3 Information on how to use WIC foods to improve health
- 3 Checks to buy healthy foods
- 3 Referrals to doctors, dentists, & programs like Food Stamps, Healthy Start & Head Start
- 3 Health and services information

WIC Foods: Milk, Eggs, Cheese, Cereals, Peanut butter, dried beans & peas, Tuna fish, Carrots, Fruit Juices, Infant formula

See: <http://www.dhfs.state.wi.us/WIC/index.htm> for more information

Medicare

Medicare consists of four parts:

- Medicare Part A (Hospital Insurance) helps cover your inpatient care in hospitals. Part A also helps cover skilled nursing facility, hospice, and home health care if you meet certain conditions.
- Medicare Part B (Medical Insurance) helps cover medically-necessary services like doctors' services and outpatient care. Part B also helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.

- Medicare Part C (Medicare Advantage Plans) is another way to get your Medicare benefits. It combines Part A, Part B, and, sometimes, Part D (prescription drug) coverage. Medicare Advantage Plans are managed by private insurance companies approved by Medicare. These plans must cover medically-necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services.
- Medicare Part D (Medicare Prescription Drug Coverage) helps cover prescription drugs. This coverage may help lower your prescription drug costs and help protect against higher costs in the future.

Medicaid – In Wisconsin

Medicaid is a joint federal/state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for people with disabilities, people 65 years and older, children and their caretakers, and pregnant women who meet the program's financial requirements.

The purpose of Wisconsin Medicaid is to provide reimbursement for and assure the availability of appropriate medical care to persons who meet the criteria for Medicaid.

You may qualify for Medicaid if you are a citizen of the United States or an "eligible" person, meet the financial eligibility requirements, and are in one of the following categories:

- ♦ A relative caretaker of a deprived child*
- ♦ Pregnant
- ♦ Under age 19
- ♦ Age 65 or older
- ♦ Blind or disabled.

*A deprived child is a child who has one or both parents absent from the home or has both parents in the home but one parent is incapacitated, unemployed, or an offender working without pay. The caretaker must be a relative of the child to be covered by Medicaid.

See: <http://www.dhfs.state.wi.us/medicaid/> for more information

Wisconsin Works (W-2)

A Place for Everyone, a System of Employment Supports

Wisconsin Works (W-2) replaced Aid to Families with Dependent Children (AFDC) in Sept. 1997. W-2 is based on work participation and personal responsibility. Under W-2, there is no entitlement to assistance, but there is a place for everyone who is willing to work to their ability. The program is available to low-income parents with minor children. Each W-2 eligible participant meets with a Financial and Employment Planner (FEP), who helps the individual develop a self-sufficiency plan and determine his or her place on the W-2 employment ladder. The ladder consists of four levels of employment and training options.

For more information, visit: <http://www.dwd.state.wi.us/dws/w2/wisworks.htm>

◆ Domestic Violence ◆

Many patients are victims of domestic violence. Therefore, it is very important that we as health care providers know how to recognize the signs of an abused person and what we should do about it. The most important thing to remember when talking with a person who has been or is being abused is to show concern and respect for that individual. Screening for domestic violence is important with every patient, which is why many health care providers (including MEDiC participants) typically ask every patient whether they feel safe in their home and with their family.

We encourage you to use the Wisconsin Coalition Against Domestic Violence as a resource: <http://www.wcadv.org/?go=home> For resources in Dane County, contact: Abuse Intervention Services 608-251-4445 **Statewide Hotline: 800-799-7233**

MEDiC Directory 2011-2012, medic@lists.wisc.edu

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